

# Olean Family YMCA T-Ball League

## YMCA Youth T-ball League

The YMCA T-Ball league is a skill development program for boys and girls 4-5 years old. T-Ball focuses on introducing players to the fundamentals in an environment where they can learn the sport, not performing to win. Players will receive their own t-ball jersey and join a team of friends, learning the rules as well as playing.



- Season Dates:** May 1 – June 26, 2010
- Registration Location:** Olean Family YMCA, 1101 Wayne St., Olean
- Registration Dates:** **Monday, March 15 - Friday, April 30, 2010**
- Ages:** 4 & 5 year old
- Player Evaluation Day:** Friday, April 30, 5:00 pm
- Location:** Franchot Park
- Practice Begins:** Week of May 10, 2010
- Day/Time:** Practices: Weekdays  
Games: Saturdays
- Registration Fee:** **Members: \$30 / Public: \$60**  
*(Registration fee includes league play, practices, skills clinic, end of season party and uniform shirt.)*
- Parent Packets:** Available at the YMCA after 5:00 PM on Wed., May 5, 2010



**Olean Family YMCA**

1101 Wayne St. • Olean, NY 14760 • 716-373-2400

**We build strong kids, strong families, strong communities.**

## Parent Packet

Packets include your child's practice schedule, coach information, team roster, and any other information pertinent to the season. *Parent packets will be available at the YMCA after 5:00 pm on Wed., May 5, 2010.*

### Financial Assistance

Financial assistance is available for participants in need. Call the YMCA at 373-2400 to apply.

## Volunteer Coaches

In any youth sport league, the volunteer coach is the most important key to a successful season. The YMCA is looking for adult coaches to help develop youth in Cattaraugus County. Please check the box on the registration form below to volunteer as a coach and make an impact in the lives of our youth this season.

*Each volunteer will attend a mandatory coaches meetings on April 28 @ 6:00 pm at the Y.*

## Save the Date

My Player's Evaluation Day is: \_\_\_\_\_ @ \_\_\_\_\_

### Olean Family YMCA – Youth T-ball League

*(Please make checks payable to the Olean Family YMCA)*

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Email address: \_\_\_\_\_ (will be used for parent communication)

I would like to volunteer as: Coach  Assistant Coach  Referee

Coaches Information: Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_ Email \_\_\_\_\_

T-Shirt Size:  Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large  XL  2XL  3XL

Please circle your child's basketball skill level: (1 = Beginner, 5 = Advanced) 1 2 3 4 5

Please indicate your child's height and weight. \_\_\_\_\_ft. \_\_\_\_\_in. \_\_\_\_\_lbs.

### RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I understand that the Olean Family YMCA assumes no responsibility for injuries or illness, which my child may sustain as a result of his/her physical condition or resulting from his/her athletic activities, sports program, aquatic program, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illness, which may result from my child's participation in these activities. I hereby release and discharge the Olean Family YMCA, its agents, servants and employees from any and all claims for injury, illness, death, and loss or damage which my child may suffer as a result of his/her participation in these activities.

I understand that the Olean Family YMCA is not responsible for personal property lost or stolen while a member and/or program participant while on the Olean Family YMCA premises.

I give my permission to the Olean Family YMCA to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include me or my family's image or voice for the purposes of promoting or interpreting the Olean Family YMCA programs.

I acknowledge the waiver set forth above and being in sympathy with the Mission Statement of the Olean Family YMCA agree to sign the waiver.

\_\_\_\_\_  
Signature of Applicant/Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child in Program/Programs

#### OFFICE USE ONLY

Amount paid \$ \_\_\_\_\_ Payment – Cash, CK, VS, MC, SCH

Date \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials \_\_\_\_\_